

BETH C. DRAIN, CA CSR NO. 7152

BEFORE THE
INDEPENDENT CITIZENS' OVERSIGHT COMMITTEE AND THE
APPLICATION REVIEW SUBCOMMITTEE
TO THE
CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE
ORGANIZED PURSUANT TO THE
CALIFORNIA STEM CELL RESEARCH AND CURES ACT
EMERGENCY MEETING

LOCATION: VIA ZOOM

DATE: FRIDAY, JULY 24, 2020
4 P.M.

REPORTER: BETH C. DRAIN, CA CSR
CSR. NO. 7152

FILE NO.: 2020-17

**133 HENNA COURT, SANDPOINT, IDAHO 83864
208-255-5453 208-920-3543 DRAIBE@HOTMAIL.COM**

I N D E X

ITEM DESCRIPTION	PAGE NO.
OPEN SESSION:	
1. CALL TO ORDER	3
2. ROLL CALL	3
ACTION ITEMS:	
3. CONSIDERATION OF EXISTENCE OF EMERGENCY SITUATION. EMERGENCY SITUATION MEANS ANY OF THE FOLLOWING AS DETERMINED BY A MAJORITY OF THE MEMBERS OF THE INDEPENDENT CITIZENS' OVERSIGHT COMMITTEE: (A) WORK STOPPAGE OR OTHER ACTIVITY THAT SEVERELY IMPACTS PUBLIC HEALTH OR SAFETY OR BOTH; (B) CRIPPLING DISASTER THAT SEVERELY IMPAIRS PUBLIC HEALTH OR SAFETY OR BOTH.	4
4. CONSIDERATION OF APPLICATIONS IN RESPONSE TO SPECIAL CALL FOR COVID-19 PROJECTS.	
CLOSED SESSION:	NONE
5. DISCUSSION OF CONFIDENTIAL INTELLECTUAL PROPERTY OR WORK PRODUCT, PREPUBLICATION DATA, FINANCIAL INFORMATION, CONFIDENTIAL SCIENTIFIC RESEARCH OR DATA, AND OTHER PROPRIETARY INFORMATION RELATING TO APPLICATIONS SUBMITTED IN RESPONSE TO AGENDA ITEM 4 ABOVE. (HEALTH AND SAFETY CODE 125290.30(F)(3)(B) AND (C)).	
DISCUSSION ITEMS:	
6. PUBLIC COMMENT	NONE
7. ADJOURNMENT	33

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FRIDAY, JULY 24, 2020; 4 P.M.

CHAIRMAN THOMAS: THANK YOU VERY MUCH,
MARIA. LIKE TO WELCOME EVERYBODY TO THE ICOC AND
APPLICATION REVIEW SUBCOMMITTEE MEETING OF JULY
24TH. MARIA, WILL YOU PLEASE CALL THE ROLL.

MS. BONNEVILLE: ANNE-MARIE DULIEGE.

DR. DULIEGE: YES.

MS. BONNEVILLE: YSABEL DURON.

MS. DURON: HERE.

MS. BONNEVILLE: DAVID HIGGINS. I THINK
HE'S COMING ON RIGHT NOW, SO I'LL COME BACK TO HIM.
STEVE JUELSGAARD.

MR. JUELSGAARD: HERE.

MS. BONNEVILLE: DAVE MARTIN. YOU'RE ON
MUTE. I SEE YOU, SO I'M GOING TO MARK YOU AS HERE.

DR. MARTIN: HERE.

MS. BONNEVILLE: LAUREN ROGEN. ADRIANA
PADILLA.

DR. PADILLA: HERE.

MS. BONNEVILLE: JOE PANETTA. FRANCISCO
PRIETO.

DR. PRIETO: HERE.

MS. BONNEVILLE: ROBERT QUINT. AL
ROWLETT.

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MR. ROWLETT: HERE.

MS. BONNEVILLE: JEFF SHEEHY.

MR. SHEEHY: HERE.

MS. BONNEVILLE: OS STEWARD.

DR. STEWARD: HERE.

MS. BONNEVILLE: JONATHAN THOMAS.

CHAIRMAN THOMAS: HERE.

MS. BONNEVILLE: DIANE WINOKUR. DIANE, I SEE YOU AS ON, BUT YOU'RE ON MUTE. DIANE. I HEAR YOU NOW, DIANE.

MS. WINOKUR: OKAY.

MS. BONNEVILLE: YAY. THANK YOU AND DAVID HIGGINS.

DR. HIGGINS: HERE. YES. THANK YOU.

MS. BONNEVILLE: THANK YOU. WE HAVE A QUORUM.

CHAIRMAN THOMAS: EXCELLENT. THANK YOU, EVERYBODY, FOR JOINING ON THIS LATE FRIDAY AFTERNOON.

WE'RE GOING TO PROCEED IMMEDIATELY TO THE ACTION ITEMS, WHICH I WILL TAKE, AS ALWAYS, THESE EMERGENCY MEETINGS, THE FIRST ONE, WHICH IS CONSIDERATION OF EXISTENCE OF EMERGENCY SITUATION. EMERGENCY SITUATION MEANS ANY OF THE FOLLOWING AS DETERMINED BY A MAJORITY OF THE MEMBERS OF THE ICOC:

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1 A, WORK STOPPAGE OR OTHER ACTIVITY THAT SEVERELY
2 IMPAIRS PUBLIC HEALTH OR SAFETY OR BOTH; OR B,
3 CRIPPLING DISASTER THAT SEVERELY IMPAIRS PUBLIC
4 HEALTH OR SAFETY OR BOTH. DO I HEAR A MOTION TO
5 ADOPT?

6 DR. STEWARD: SO MOVED.

7 MR. ROWLETT: SECOND.

8 CHAIRMAN THOMAS: MOVED BY DR. STEWARD,
9 SECONDED BY MR. ROWLETT. ANY DISCUSSION BY MEMBERS
10 OF THE BOARD? ANY COMMENTS FROM MEMBERS OF THE
11 PUBLIC? HEARING NONE, MARIA, WILL YOU PLEASE CALL
12 THE ROLL.

13 MS. BONNEVILLE: ANNE-MARIE DULIEGE.

14 DR. DULIEGE: AYE.

15 MS. BONNEVILLE: YSABEL DURON.

16 MS. DURON: YES.

17 MS. BONNEVILLE: DAVID HIGGINS.

18 DR. HIGGINS: YES.

19 MS. BONNEVILLE: STEVE JUELSGAARD.

20 MR. JUELSGAARD: YES.

21 MS. BONNEVILLE: DAVE MARTIN.

22 DR. MARTIN: YES.

23 MS. BONNEVILLE: LAUREN ROGEN. ADRIANA
24 PADILLA.

25 DR. PADILLA: YES.

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1 MS. BONNEVILLE: JOE PANETTA. FRANCISCO
2 PRIETO.
3 DR. PRIETO: AYE.
4 MS. BONNEVILLE: ROBERT QUINT. AL
5 ROWLETT.
6 MR. ROWLETT: YES.
7 MS. BONNEVILLE: JEFF SHEEHY.
8 MR. SHEEHY: YES.
9 MS. BONNEVILLE: OS STEWARD.
10 DR. STEWARD: YES.
11 MS. BONNEVILLE: JONATHAN THOMAS.
12 CHAIRMAN THOMAS: YES.
13 MS. BONNEVILLE: ART TORRES. DIANE
14 WINOKUR.
15 MS. WINOKUR: HERE.
16 MS. BONNEVILLE: THANK YOU.
17 CHAIRMAN THOMAS: OKAY. NOW ON TO ITEM
18 NO. 4, CONSIDERATION OF APPLICATIONS SUBMITTED IN
19 RESPONSE TO THE SPECIAL CALL FOR COVID-19 PROJECTS.
20 WE NOW MOVE TO THE APPLICATION REVIEW SUBCOMMITTEE
21 WHICH WILL BE CHAIRED BY DR. STEWARD.
22 DR. STEWARD: THANK YOU, J.T. SO AS
23 USUAL, WE'LL START WITH THE PRESENTATION FROM DR.
24 SAMBRANO.
25 DR. SAMBRANO: THANK YOU, DR. STEWARD.

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1 SO THIS IS THE SEVENTH AND NOW LAST CYCLE
2 OF THE COVID-19 PROGRAM. AND SO WE ARE BRINGING
3 RECOMMENDATIONS FROM THE GWG REGARDING THIS LAST
4 CYCLE FOR COVID-19.

5 IF I COULD HAVE THE NEXT SLIDE PLEASE. SO
6 AS YOU KNOW, WE STARTED THIS A FEW MONTHS AGO; AND
7 OVER THE COURSE OF THE SEVEN OR AT LEAST THE LAST
8 SIX CYCLES, WE'VE HAD 16 -- PROGRAMS APPROVED.
9 THREE OF THOSE ARE CLINICAL TRIALS, AND THE TYPES OF
10 PROJECTS RANGING FROM DISCOVERY THROUGH THE CLINIC
11 WITH THE \$5-MILLION SUPPORT THAT WAS ALLOCATED BY
12 THE BOARD.

13 ON THE NEXT SLIDE, IT'S JUST A REMINDER OF
14 THE DIFFERENT PROGRAM TYPES AND THE AWARD AMOUNTS
15 AND AWARD DURATIONS. FOR THIS PARTICULAR CYCLE, WE
16 JUST HAD APPLICATIONS RESPONDING TO THE DISCOVERY OR
17 EARLY DISCOVERY. THAT WAS DISC1 OR DISC2 PROGRAM.

18 NEXT SLIDE PLEASE. AND ALSO A REMINDER
19 THAT FOR THESE DISCOVERY-TYPE PROGRAMS WE DO ASK ALL
20 APPLICANTS TO PROVIDE A CLEAR DELIVERABLE WITHIN SIX
21 MONTHS GIVEN THE URGENCY OF COVID-19. FOR THE DISC2
22 IT MEANS THAT THESE PROJECTS NEED TO HAVE DATA FOR A
23 VIABLE CANDIDATE THAT COULD PROGRESS QUICKLY TO THE
24 CLINIC. AND FOR THE DISC1S, DATA TO CONFIRM OR
25 REJECT THE HYPOTHESIS THAT THEY PROPOSE.

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1 SO ON THE NEXT SLIDE, AS WE PUT THIS
2 PROGRAM TOGETHER, IT ALSO HAS GIVEN US THE
3 OPPORTUNITY TO IMPLEMENT SOME NEW AND IMPORTANT
4 POLICIES. AND ONE OF THEM BEING ADDRESSING THE
5 NEEDS OF THE UNDERSERVED. THIS IS PARTICULARLY
6 IMPORTANT BECAUSE COVID-19 HAS HAD A
7 DISPROPORTIONATE IMPACT ON MINORITY AND UNDERSERVED
8 COMMUNITIES IN CALIFORNIA AND THROUGHOUT COUNTRY.
9 AND SO TO ADDRESS THIS FOR A CLINICAL TRIAL PROJECT,
10 WE'VE REQUIRED THAT ALL APPLICANTS INCLUDE A PLAN
11 FOR HOW THEY'RE GOING TO PERFORM OUTREACH AND
12 INCLUSION OF THESE UNDERSERVED POPULATIONS WITHIN
13 THEIR CLINICAL TRIAL STUDY.

14 AND THEN FOR THE EARLIER STAGE DISCOVERY
15 PROJECTS, HOW IT IS THAT THEY HAVE CONSIDERED THE
16 DISPROPORTIONAL IMPACT OF COVID-19 ON THOSE
17 POPULATIONS WITHIN THEIR STUDY PLAN AND DESIGN.

18 THE NEXT SLIDE SHOWS YOU THE
19 RECOMMENDATIONS FROM THE GWG. THERE WERE TEN
20 APPLICATIONS THAT WERE REVIEWED AND TWO RECOMMENDED.
21 THE TOTAL OF THE TWO RECOMMENDED IS ABOUT 500,000.
22 YOU WILL NOTICE THAT THE FUNDS AVAILABLE FROM THE
23 ORIGINAL \$5-MILLION ALLOCATION IS ONLY 272,000.
24 HOWEVER, THE BOARD ALSO RECENTLY APPROVED AN
25 ALLOCATION OF TWO MILLION FROM RECOVERED FUNDS FOR

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1 THE DISC2 PROGRAM OVERALL. AND THERE IS THE
2 POSSIBILITY OF USING THOSE FUNDS AS WELL IN ORDER TO
3 FUND A COVID-19 DISC2 PROJECT.

4 SO THE TWO PROJECTS THAT ARE RECOMMENDED
5 ARE SHOWN ON THIS TABLE. THEY COME BEFORE YOU WITH
6 VERY SIMILAR SCORES, BOTH HAVING HAD AN 86, 12007
7 HAVING A MEAN OF 85, THE OTHER ONE A MEAN OF 86.
8 AND THE FIRST ONE HAVING 14 MEMBERS OF THE
9 SCIENTIFIC GWG SCORING 85 OR ABOVE; WHEREAS, NINE
10 SCORED 85 OR ABOVE FOR THE OTHER APPLICATION.

11 AND SO LET ME JUST GIVE YOU A VERY BRIEF
12 OVERVIEW OF EACH OF THESE. SO DISC2-12007 IS
13 ENTITLED "PROHEALING BIOMATERIAL FOR TREATING LUNG
14 INFLAMMATION ASSOCIATED WITH COVID-19." AND SO WHAT
15 THIS PROJECT AIMS TO DO IS TO DEVELOP AND TEST AN
16 EXTRACELLULAR MATRIX-BASED BIOMATERIAL THAT IS
17 DERIVED FROM EITHER CARDIAC OR LUNG TISSUE. AND
18 THIS EXTRACELLULAR MATRIX MATERIAL IS THOUGHT TO
19 HAVE IMMUNOREGULATORY PROPERTIES SUCH THAT IT CAN
20 REDUCE INFLAMMATION. AND SO THE GOAL IS TO USE THIS
21 TO TREAT ACUTE RESPIRATORY DISTRESS SYNDROME
22 ASSOCIATED WITH COVID-19.

23 THE OTHER APPLICATION, 12020, IS ENTITLED
24 "BATTLING COVID-19 USING OFF-THE-SHELF
25 HSC-ENGINEERED INK T-CELLS. SO IN THIS PROJECT THE

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1 APPLICANTS INTEND TO DEVELOP AN ALLOGENEIC
2 HSC-DERIVED AND ENGINEERED INK T-CELLS THAT CAN BE
3 AN OFF-THE-SHELF PRODUCT. THERE ARE TWO POTENTIAL
4 CANDIDATES, ONE WHICH IS A UNIVERSAL CELL THERAPY
5 THAT IS MISSING HLA MOLECULES TO ALLOW IT TO BE
6 APPLICABLE TO ALL PATIENTS.

7 THE INTENT TO IS CHARACTERIZE THESE CELLS
8 AND THEIR ABILITY TO PREVENT INFECTION, TREAT
9 INFECTION IN CELLS IN ANIMAL MODELS TO SEE IF THEY
10 HAVE A GOOD CANDIDATE THAT THEY CAN TAKE FORWARD.

11 SO THAT'S A SUMMARY OF THE TWO
12 APPLICATIONS. AND THAT CONCLUDES MY PRESENTATION.
13 DR. STEWARD.

14 DR. STEWARD: OKAY. THANK YOU, GIL.

15 IF YOU COULD JUST LEAVE THAT UP. YOU
16 MENTIONED THE POSSIBILITY OF HAVING ADDITIONAL FUNDS
17 FOR THIS ROUND. SO MAYBE IT WOULD BE USEFUL TO
18 UNPACK THAT A LITTLE BIT MORE.

19 I'D LIKE TO ASK MR. HARRISON IF HE COULD
20 COMMENT ON THE CIRCUMSTANCES AND CONDITIONS UNDER
21 WHICH THAT MIGHT BE DONE.

22 MR. HARRISON: SURE. THANKS, OS.

23 SO AS YOU ALL KNOW, THE BOARD APPROVED
24 ADDITIONAL FUNDING FOR DISC2 PROJECTS AT ITS MEETING
25 EARLIER THIS WEEK. THERE ARE INSUFFICIENT FUNDS

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1 REMAINING UNDER THE COVID ROUND TO FUND BOTH OF
2 THESE APPLICATIONS. BUT, IN FACT, THEY ARE BOTH
3 DISC2 APPLICATIONS, AND THEY MEET THE CRITERIA FOR
4 DISC2 AWARDS. THE REVIEW CRITERIA ARE IDENTICAL.
5 SO THE APPLICATION REVIEW SUBCOMMITTEE COULD USE
6 DISC2 FUNDS FOR THE PURPOSES OF MAKING ONE OF THESE
7 AWARDS. THERE IS ONLY ONE DIFFERENCE, WHICH IS THE
8 TIME PERIOD DURING WHICH THE AWARDEE HAS TO
9 DEMONSTRATE RESULTS, WHICH IS A SHORTER TIME FRAME
10 FOR COVID WHICH COULD BE ADDRESSED THROUGH THE
11 NOTICE OF AWARD TO ENSURE THAT EVEN THOUGH THE FUNDS
12 MAY BE AVAILABLE FROM THE DISC2 PROGRAM, THAT THE
13 AWARDEE IS HELD TO THE SAME STANDARDS THAT APPLY TO
14 ALL COVID AWARDEES.

15 DR. STEWARD: THANK YOU. AND JUST TO ASK,
16 IS THERE A PREFERRED STRUCTURAL WAY IN WHICH TO
17 CONSIDER THAT. BASICALLY WHAT I'M ASKING IS WHETHER
18 WE SHOULD GO THROUGH THE APPLICATIONS FIRST OR
19 CONSIDER THAT QUESTION OF ADDITIONAL FUNDING FIRST.

20 MR. HARRISON: I WOULD RECOMMEND THAT YOU
21 HANDLE THE APPLICATION REVIEW SUBCOMMITTEE
22 CONSIDERATION OF AWARDS AS YOU DO NORMALLY, WHICH IS
23 TO FIRST ASK WHETHER ANY OF THE APPLICATIONS THAT
24 ARE NOT RECOMMENDED FOR FUNDING SHOULD BE MOVED INTO
25 THE RECOMMENDED FOR FUNDING BUCKET. AND THEN ONCE

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1 YOU'VE DISPOSED OF THOSE APPLICATIONS, YOU CAN MOVE
2 ON TO THOSE THAT ARE RECOMMENDED FOR FUNDING AND
3 TAKE THEM ONE BY ONE SO THAT YOU WOULD MAKE THE
4 DECISION ABOUT WHETHER TO UTILIZE DISC2 FUNDING AT
5 THE SAME TIME THAT YOU DECIDE WHETHER TO APPROVE ONE
6 OF THE AWARDS.

7 DR. STEWARD: OKAY. THANK YOU.

8 CHAIRMAN THOMAS: MAY I JUST INTERJECT ONE
9 SORT OF MACRO POINT ON THIS. SHOULD THE APPLICATION
10 REVIEW SUBCOMMITTEE CHOOSE TO FUND THE SECOND AWARD,
11 WHICHEVER ONE OF THOSE THAT MAY BE, THROUGH THE
12 TAKING FROM THE TWO MILLION ALLOCATED TO THE DISC2
13 FROM RECOVERED FUNDS, THE BOARD AT A SUBSEQUENT
14 MEETING, IF IT SO CHOSE, COULD CONSIDER REPLENISHING
15 IS THAT ROUGHLY 250,000 -- I GUESS IT'S A LITTLE
16 LESS -- 230,000 FROM THE AMOUNTS ALLOCATED TO THE
17 CLIN AWARDS FROM RECOVERED FUNDS OVER TO THE DISC
18 ALLOCATION TO GET IT BACK TO THE TWO MILLION
19 ORIGINALLY ALLOCATED. BUT THAT'S A MATTER FOR
20 FUTURE FULL BOARD DISCUSSION.

21 DR. STEWARD: OKAY. GREAT. I'M JUST
22 GOING TO PAUSE HERE AND ASK IF ANYONE HAS ANY
23 QUESTIONS REGARDING MR. HARRISON'S COMMENTS. AND
24 I'M LOOKING AT THE HANDS. I DON'T SEE ANY. IF NOT,
25 THEN LET'S GO AHEAD AND PROCEED AS SUGGESTED.

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1 SO DOES ANY MEMBER OF THE BOARD WISH TO
2 MOVE AN APPLICATION THAT IS CURRENTLY NOT IN THE
3 FUNDING RANGE UP INTO THE FUNDING RANGE? I DON'T
4 SEE ANY HANDS. MARIA, DO YOU?

5 MS. BONNEVILLE: NO. NO HANDS.

6 DR. STEWARD: OKAY. SO THEN WE CAN
7 PROCEED TO CONSIDERING THESE TWO PROPOSALS IN ORDER,
8 I THINK.

9 MR. HARRISON: OS, MAY I INTERJECT FOR A
10 MOMENT? IT MAY MAKE SENSE TO CLOSE OUT
11 CONSIDERATION OF THOSE APPLICATIONS THAT ARE NOT
12 RECOMMENDED FOR FUNDING BEFORE MOVING ON TO THE ONES
13 THAT ARE.

14 DR. STEWARD: ALL RIGHT. THANK YOU. I
15 MISSED THAT STEP. APOLOGIZE.

16 SO CAN WE HEAR A MOTION TO THAT EFFECT;
17 THAT IS, NOT TO CONSIDER ANY OF THE APPLICATIONS IN
18 RANGE BELOW 85?

19 DR. PRIETO: SO MOVED.

20 DR. MARTIN: SECOND.

21 DR. STEWARD: DISCUSSION FROM THE BOARD.
22 I DON'T SEE ANY, MARIA. DO YOU?

23 MS. BONNEVILLE: NO. NO HANDS RAISED, NO.

24 DR. STEWARD: DISCUSSION FROM THE PUBLIC?
25 SEEING NO PUBLIC DISCUSSION, MARIA, COULD

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1 YOU CALL THE ROLL.
2 MS. BONNEVILLE: ANNE-MARIE DULIEGE.
3 DR. DULIEGE: AYE.
4 MS. BONNEVILLE: YSABEL DURON.
5 MS. DURON: YES.
6 MS. BONNEVILLE: DAVID HIGGINS.
7 DR. HIGGINS: YES.
8 MS. BONNEVILLE: STEVE JUELSGAARD.
9 MR. JUELSGAARD: YES.
10 MS. BONNEVILLE: DAVE MARTIN.
11 DR. MARTIN: YES.
12 MS. BONNEVILLE: LAUREN ROGEN. ADRIANA
13 PADILLA.
14 DR. PADILLA: YES.
15 MS. BONNEVILLE: JOE PANETTA. FRANCISCO
16 PRIETO.
17 DR. PRIETO: AYE.
18 MS. BONNEVILLE: ROBERT QUINT. AL
19 ROWLETT.
20 MR. ROWLETT: YES.
21 MS. BONNEVILLE: JEFF SHEEHY.
22 MR. SHEEHY: YES.
23 MS. BONNEVILLE: OS STEWARD.
24 DR. STEWARD: YES.
25 MS. BONNEVILLE: JONATHAN THOMAS.

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1 CHAIRMAN THOMAS: YES.

2 MS. BONNEVILLE: DIANE WINOKUR.

3 MS. WINOKUR: YES.

4 MS. BONNEVILLE: THANK YOU. THE MOTION
5 CARRIES.

6 DR. STEWARD: THANK YOU, MARIA.

7 SO NOW WE CAN BEGIN CONSIDERING THESE TWO
8 APPLICATIONS, I THINK, IN THE ORDER THAT THEY'RE
9 LISTED ON THE SHEET THAT YOU'RE SEEING IN FRONT OF
10 YOU RIGHT NOW. AND WHAT I WOULD LIKE TO DO IS JUST
11 TO ASK GIL TO UNPACK FOR US A LITTLE BIT THE ACTUAL
12 SCORING HERE.

13 SO THE APPLICATIONS ARE TIED IN TERMS OF
14 MEDIAN SCORE. THEY DIFFER IN TERMS OF MEAN SCORE.
15 BUT THERE'S ALSO DIFFERENCES IN THE NUMBER OF GRANTS
16 WORKING GROUP MEMBERS WHO VOTED FOR AND AGAINST
17 FUNDING, MEANING ABOVE AND BELOW THE 85 RANGE. GIL,
18 COULD YOU JUST UNPACK THAT JUST A LITTLE BIT,
19 STARTING WITH THIS FIRST ONE?

20 DR. SAMBRANO: SURE. SO AS MENTIONED, THE
21 APPLICATION SCORED AN 86. THE RANGE OF SCORES WAS
22 BETWEEN 80 AND 90. SO NINE OF THOSE MEMBERS SCORED
23 EITHER 85 OR ABOVE. I THINK ALL OF THEM WERE NEAR
24 THE EDGE.

25 IN TERMS OF JUST THE OVERALL COMMENTS FROM

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1 THE REVIEWERS, I THINK THIS IS AN APPLICATION THAT
2 WAS PREVIOUSLY REVIEWED, RESUBMITTED, AND SO IN
3 GENERAL IT WAS FELT THAT THE APPLICANTS DID A VERY
4 GOOD JOB IN ADDRESSING THE CONCERNS. THERE WERE
5 STILL SOME CONCERNS THAT SOME FELT COULD HAVE BEEN
6 EITHER IMPROVED UPON OR MADE A BETTER PROPOSAL.
7 THERE ARE SOME THAT I THINK ARE DIFFICULT BECAUSE
8 YOU WOULD NEED TO KIND OF DO THE EXPERIMENT TO FIND
9 OUT, SUCH AS THE CONCERN RELATED TO THE CYTOKINE
10 RELEASE AND THE POTENTIAL FOR THESE CELLS, IF
11 DEVELOPED, TO ULTIMATELY HAVE SOME NEGATIVE EFFECTS.
12 BUT THAT IS SOMETHING THAT'S DIFFICULT TO DO.

13 BUT I THINK, IN GENERAL, THEY FELT THAT
14 THIS IS A GOOD GROUP THAT ACTUALLY RESPONDED VERY
15 QUICKLY TO THE REVIEWER CONCERNS AND WERE ABLE TO
16 PUT FORWARD A PROPOSAL THAT LOOKS GOOD.

17 SO I CAN ANSWER ANY OTHER QUESTIONS THAT
18 YOU MAY HAVE OR THAT ANYBODY ELSE HAS ON THE
19 PROJECT.

20 DR. STEWARD: THANK YOU. QUESTIONS FROM
21 MEMBERS OF THE BOARD?

22 DR. MARTIN: I'LL JUST MAKE A COMMENT IN
23 THAT THERE WAS THIS SUPPLEMENTAL LETTER THAT I
24 THOUGHT HAD A LOT OF INFORMATION IN IT THAT WAS
25 USEFUL FOR UNDERSTANDING IN SOMEWHAT GREATER DEPTH

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1 WHAT THE PROPOSAL WAS AND WHAT THE OPPORTUNITY WAS.

2 DR. STEWARD: OKAY. OTHER QUESTIONS FROM
3 MEMBERS OF THE BOARD? SEEING NO HANDS, COULD WE
4 HAVE A MOTION? I THINK OU'RE MUTED. I SEE YOUR
5 LIPS MOVING.

6 CHAIRMAN THOMAS: SO MOVED, OS.

7 DR. MARTIN: SO MOVED.

8 DR. STEWARD: J.T. GETS THE MOTION AND
9 MAYBE DAVE GETS THE SECOND. HOW ABOUT THAT?

10 SO ANY DISCUSSION BY MEMBERS OF THE BOARD?
11 SEEING NONE, AND, MARIA.

12 MS. BONNEVILLE: THERE ARE NO HANDS
13 RAISED. I BELIEVE THERE MIGHT BE PUBLIC COMMENT FOR
14 THIS ONE. I'M NOT SURE.

15 DR. STEWARD: OKAY. GOOD. PUBLIC
16 COMMENTS?

17 MS. BONNEVILLE: I GUESS NOT.

18 DR. STEWARD: OKAY. SEEING NONE, THEN,
19 MARIA, COULD YOU CALL THE ROLL.

20 MS. BONNEVILLE: ANNE-MARIE DULIEGE.

21 DR. DULIEGE: YES.

22 MS. BONNEVILLE: YSABEL DURON.

23 MS. DURON: YES.

24 MS. BONNEVILLE: DAVID HIGGINS.

25 DR. HIGGINS: YES.

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1 MS. BONNEVILLE: STEVE JUELSGAARD.
2 MR. JUELSGAARD: YES.
3 MS. BONNEVILLE: DAVE MARTIN.
4 DR. MARTIN: YES.
5 MS. BONNEVILLE: ADRIANA PADILLA.
6 DR. PADILLA: YES.
7 MS. BONNEVILLE: FRANCISCO PRIETO.
8 DR. PRIETO: AYE.
9 MS. BONNEVILLE: AL ROWLETT.
10 MR. ROWLETT: YES.
11 MS. BONNEVILLE: JEFF SHEEHY.
12 MR. SHEEHY: YES.
13 MS. BONNEVILLE: OS STEWARD.
14 DR. STEWARD: YES.
15 MS. BONNEVILLE: JONATHAN THOMAS.
16 CHAIRMAN THOMAS: YES.
17 MS. BONNEVILLE: DIANE WINOKUR.
18 MS. WINOKUR: YES.
19 MS. BONNEVILLE: MOTION CARRIES.
20 DR. STEWARD: THANK YOU, MARIA.
21 MOVING, THEN, TO -- COULD WE GET THAT
22 SCREEN BACK UP, GIL?
23 DR. STEWARD: MOVING THEN TO THE SECOND
24 GRANT LISTED HERE. AND, AGAIN, GIL, IF YOU COULD
25 WALK US THROUGH WHAT THE GRANT IS ABOUT AND THE

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1 REVIEWER COMMENTS.

2 DR. SAMBRANO: SURE. RIGHT. SO THIS
3 SECOND APPLICATION ON THE PROHEALING BIOMATERIAL FOR
4 TREATING ACUTE RESPIRATORY DISTRESS SYNDROME, SO
5 THIS ONE ALSO HAD A SCORE OF 86. THE MEAN WAS A
6 LITTLE LOWER, AND THE RANGE OF SCORES WAS BETWEEN 70
7 AND 92. SO IT WAS JUST A BROADER RANGE.

8 THE NUMBER, HOWEVER, OF GWG MEMBERS
9 SCORING 85 OR ABOVE WAS 14 TO ONE THAT SCORED BELOW.
10 SO, IN GENERAL, A VERY FAVORABLE OUTCOME. SO THE
11 APPLICATION IS FOCUSED ON DEVELOPING THIS
12 EXTRACELLULAR MATRIX-BASED MATERIAL THAT HAS ALREADY
13 BEEN DEVELOPED FOR SOME OTHER INDICATIONS, ONE OF
14 WHICH HAS ALREADY GONE THROUGH A PHASE 1 CLINICAL
15 TRIAL. AND THE GOAL IS TO DEVELOP THIS MATERIAL
16 WITH THE HOPES OF TREATING PATIENTS WITH ARDS.
17 THERE IS EVIDENCE TO SUGGEST THIS HAS SOME
18 IMMUNOREGULATORY PROPERTIES AND SO MAY BE ABLE TO
19 ALLEVIATE THIS IN PATIENTS WITH COVID-19.

20 SO, AGAIN, THIS IS A RESUBMISSION. SO THE
21 APPLICANTS ARE GOING THROUGH THE SECOND CYCLE OF
22 REVIEW. AND, ALSO, THE GWG FELT THAT THE APPLICANTS
23 DID A GOOD JOB IN RESPONDING TO THE CONCERNS AND
24 COMMENTS. ONE OF THE MAJOR ONES FROM THE PREVIOUS
25 REVIEW WAS THE ANIMAL MODEL THEY WERE USING WHICH

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1 THEY THOUGHT WAS NOT QUITE APPROPRIATE FOR OR
2 RELEVANT TO COVID-19. SO THAT WAS MODIFIED AND
3 CHANGED. AND SO WITH THE CHANGES, I THINK THE
4 REVIEW PANEL FELT THAT THIS WAS A MUCH STRONGER AND
5 MERITORIOUS APPLICATION.

6 HAPPY TO ADDRESS ANY SPECIFIC QUESTIONS
7 YOU MAY HAVE.

8 MS. BONNEVILLE: OS?

9 DR. SAMBRANO: DID WE LOSE HIM?

10 MS. BONNEVILLE: WE DID, BUT I THINK HE'S
11 JOINING AGAIN. OS, CAN YOU HEAR US? J.T., DO YOU
12 WANT TO CONTINUE?

13 CHAIRMAN THOMAS: THANK YOU, MARIA. SO
14 THE ISSUE, HERE AGAIN, IS IN ORDER TO FUND THIS
15 GRANT, WE WOULD NEED TO TAKE -- WHAT'S THE EXACT
16 AMOUNT, GIL, FROM THE TWO MILLION ALLOCATION FOR
17 DISC2?

18 DR. SAMBRANO: IT'S 250 APPROXIMATELY. SO THE EXACT
19 AMOUNT FOR THIS GRANT IS 24,974. HOWEVER, WE STILL
20 HAD ABOUT -- WE STILL HAD 22,357 REMAINING FROM THE
21 COVID-19 ALLOCATION. SO WE WOULD SUBTRACT THAT OUT
22 OF THE DISC2 ALLOCATION.

23 DR. STEWARD: I AM BACK. I APOLOGIZE.
24 FOR WHATEVER REASON MY OTHER COMPUTER CEASED
25 WORKING.

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1 CHAIRMAN THOMAS: I JUST IN YOUR ABSENCE
2 JUST ASKED GIL, WHO REMINDED THE BOARD THAT WE WOULD
3 NEED TO REALLOCATE FROM THE TWO MILLION DISC2
4 ALLOCATION TO FUND THIS. AND I HAD ASKED GIL WHAT
5 THE NET AMOUNT WAS WE WOULD NEED TO TAKE OUT,
6 FACTORING IN WHAT WE HAD LEFT IN THE COVID ROUND,
7 AND HE HAD JUST ANSWERED THAT QUESTION. THAT'S ALL
8 WE DISCUSSED WHILE YOU WERE OFFLINE.

9 DR. STEWARD: THANK YOU VERY MUCH. I
10 APOLOGIZE FOR DROPPING OFF HERE.

11 SO ANY QUESTIONS FOR GIL FIRST OF ALL? IF
12 NOT -- OOPS. WAIT.

13 MS. BONNEVILLE: THAT'S A PUBLIC COMMENT.
14 WE CAN TAKE THAT ONCE THE MOTION HAS BEEN MADE.

15 DR. STEWARD: SO CAN WE HAVE A MOTION
16 REGARDING THIS PROPOSAL FROM THE BOARD?

17 MR. ROWLETT: I'D MOVE IT.

18 DR. DULIEGE: AND I SECOND.

19 DR. STEWARD: EXCELLENT. COMMENTS FROM
20 MEMBERS OF THE BOARD?

21 MS. BONNEVILLE: I DON'T SEE ANY HANDS,
22 OS.

23 DR. STEWARD: EXCELLENT. PUBLIC COMMENTS?
24 AND PLEASE REMEMBER THAT YOU HAVE THREE MINUTES IN
25 TOTAL TO MAKE YOUR COMMENTS. THANK YOU.

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1 MS. BONNEVILLE: GO AHEAD, KAREN. YOU CAN
2 START YOUR PUBLIC COMMENT IF YOU'D LIKE.

3 DR. CHRISTMAN: EVERYBODY HEAR ME OKAY?
4 THANK YOU. I'LL TRY TO BE BRIEF. I'M KAREN
5 CHRISTMAN. I'M THE PI ON THE APPLICATION THAT WAS
6 JUST DISCUSSED. SO I JUST WANTED TO MAKE A COUPLE
7 BRIEF COMMENTS AND BE AVAILABLE IF THERE WERE ANY
8 QUESTIONS. BUT ONE THING I WANTED TO SAY IS THAT
9 OUR TEAM IS REALLY COMMITTED TO TRANSLATING THIS
10 TECHNOLOGY INTO COVID-19 PATIENTS.

11 FOR ME PERSONALLY, I DON'T CONSIDER MYSELF
12 A TRADITIONAL ACADEMIC, LIKE THE MAIN FOCUS OF MY
13 LAB AS A BIOENGINEER SINCE THE BEGINNING HAS BEEN TO
14 GET TECHNOLOGIES INTO PATIENTS. SO I REALLY LOOK AT
15 THIS GRANT AS A WAY TO FUND MY LAB, BUT REALLY AS A
16 WAY TO ACCELERATE A NEW TECHNOLOGY INTO PATIENTS
17 THAT ARE CLEARLY IN DESPERATE NEED RIGHT NOW.

18 SO I ACTUALLY, AS WAS MENTIONED IN THE
19 REVIEW, I ALREADY HAVE TWO SUCCESSFUL IND'S, ECM
20 HYDRODOME (PHONETIC) TECHNOLOGY, ONE SUCCESSFUL
21 PHASE 1 CLINICAL TRIAL WITH EXPERIENCE ALREADY IN
22 THE MANUFACTURING TOXICITY OF THIS. SO WE THINK
23 THAT IS A BIG BENEFIT THAT WE COULD REALLY RAPIDLY
24 TRANSLATE THIS TECHNOLOGY INTO PATIENTS.

25 I THINK ANOTHER BIG PLUS TOO IS BECAUSE

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1 FOR A BIOMATERIAL, IT'S ACTUALLY RELATIVELY CHEAP.
2 SO COMPARED TO OTHER TRADITIONAL REGENERATIVE
3 MEDICINE THERAPIES THAT I KNOW CIRM SEES ALL THE
4 TIME, IT'S ACTUALLY ONE OR TWO ORDERS OF MAGNITUDE,
5 SO AT LEAST TEN IF NOT A HUNDRED TIMES, CHEAPER THAN
6 MOST OF THE OTHER REGENERATIVE MEDICINE THERAPIES.
7 SO ESPECIALLY BECAUSE COVID-19 IS DISPROPORTIONATELY
8 IMPACTING UNDERSERVED GROUPS, I THINK HAVING A MORE
9 REASONABLY PRICED THERAPY COULD REALLY BASICALLY
10 ALLOW THIS TO BE USED WIDELY IN COVID-19 PATIENTS.

11 AND THEN JUST LAST NOTE, OF COURSE, WE
12 THINK THE GRANTS WORKING GROUP AND 14, WE ONLY HAD
13 ONE PERSON THAT DIDN'T GIVE US THE FUNDING SCORE. I
14 THINK THAT SHOWS THE STRONG SUPPORT FOR OUR
15 APPLICATION. SO THANKS FOR YOUR CONSIDERATION; AND
16 IF I CAN ANSWER ANY QUESTIONS, I'M HAPPY TO ANSWER
17 THEM. I THINK MY CLINICAL COLLEAGUE ALSO MIGHT MAKE
18 A SHORT COMMENT.

19 DR. HEPOKOSKI: CAN YOU HEAR ME? I'M
20 GETTING SOME BACKGROUND ON THIS. SO MY NAME IS MARK
21 HEPOKOSKI, AND I'M A PULMONARY AND CRITICAL CARE
22 PHYSICIAN AT UNIVERSITY OF CALIFORNIA SAN DIEGO.
23 I'M ALSO THE CO-INVESTIGATOR ON THIS.

24 DR. STEWARD: MAY I INTERRUPT YOU. I'M
25 SORRY. THIS IS OS. IF YOU HAVE BOTH A PHONE AND

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1 THE COMPUTER GOING, THAT'S WHAT'S CAUSING THAT. IF
2 YOU COULD JUST TAKE YOUR PHONE INTO ANOTHER ROOM OR
3 SOMETHING LIKE THAT OR PUT IT ON THE FLOOR SO IT'S
4 NOT ON AUDIO. THAT SHOULD TAKE THAT AWAY.

5 DR. HEPOKOSKI: SO YOU LOST MY VIDEO, BUT
6 YOU HAVE MY AUDIO. SO AS I SAID, MY NAME IS MARK
7 HEPOKOSKI, AND I'M A PULMONARY AND CRITICAL CARE --

8 THE REPORTER: NOW BETH CAN'T HEAR HIM.

9 DR. STEWARD: I'M SORRY. THIS ISN'T
10 WORKING EITHER. I'M NOT SURE WHAT TO SUGGEST HERE.

11 DR. HEPOKOSKI: CAN YOU HEAR ME ON MY
12 COMPUTER?

13 DR. STEWARD: STAND RIGHT THERE.

14 MS. BONNEVILLE: THAT SOUNDS GREAT.

15 DR. STEWARD: JUST WALK AWAY FROM YOUR
16 COMPUTER, ONE OR THE OTHER.

17 CHAIRMAN THOMAS: PERFECT. WAS PERFECT.

18 DR. STEWARD: WE ARE NOT HEARING ANYTHING
19 FROM -- I'LL PROBABLY MESS UP THE PRONUNCIATION
20 HERE -- DR. HEPOKOSKI. WHAT DO WE WANT TO DO?
21 JAMES OR MARIA, EITHER ONE OF YOU, WE DO HAVE
22 SOMEBODY WANTING TO MAKE A PUBLIC COMMENT, BUT
23 TECHNICALLY IT'S NOT WORKING. WHAT'S THE PROPER
24 COURSE OF ACTION HERE?

25 MR. HARRISON: I WOULD RECOMMEND THAT WE

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1 MAKE ONE LAST EFFORT TO SEE IF WE CAN GET HIM
2 CONNECTED SO THAT HE CAN MAKE HIS COMMENTS.

3 MR. HARRISON: OS, I WOULD RECOMMEND THAT
4 WE MAKE ONE LAST EFFORT TO SEE IF WE CAN GET HIM
5 CONNECTED SO THAT HE CAN MAKE HIS COMMENT. AND THEN
6 IF WE'RE UNABLE TO DO SO, WE CAN MOVE ON.

7 DR. STEWARD: OKAY. MARIA OR SOMEBODY,
8 YOU WANT TO GIVE THAT A TRY?

9 MS. BONNEVILLE: SURE. HE HASN'T TRIED TO
10 LOG BACK ON. I WOULDN'T KNOW HOW TO GET A HOLD OF
11 HIM. KAREN, IF YOU CAN REACH OUT TO HIM AND LET HIM
12 KNOW.

13 DR. CHRISTMAN: I JUST TEXTED HIM TO
14 REJOIN WITH JUST HIS COMPUTER AND NOT THE PHONE.

15 MS. BONNEVILLE: THERE HE IS. HE'S TRYING
16 TO GET IN. JUST LET HIM IN. THANK YOU. HE SHOULD
17 BE JOINING NOW. I SEE HIM CONNECTING. YOU'RE ON
18 MUTE. THERE YOU GO. THERE YOU ARE. OKAY. LET'S
19 GIVE IT ANOTHER SHOT.

20 DR. HEPOKOSKI: ALL RIGHT. MY SINCERE
21 APOLOGIES FOR THAT. IT'S BEEN A LONG WEEK. I'LL BE
22 VERY QUICK.

23 AND I'LL INTRODUCE MYSELF ONE LAST TIME.
24 I'M A PULMONARY AND CRITICAL CARE PHYSICIAN, AND I'M
25 ALSO A LUNG INJURY RESEARCHER. AND THAT'S WHY I'M

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1 WORKING WITH DR. KAREN CHRISTMAN ON THIS
2 APPLICATION. ALL I REALLY WANTED TO SAY IS THAT AS
3 A CLINICIAN TAKING CARE OF PATIENTS WITH SEVERE
4 COVID-19 IN THE INTENSIVE CARE UNIT, I'M IN A UNIQUE
5 POSITION TO COMMENT ON THE CLINICAL POTENTIAL OF
6 THIS APPLICATION.

7 ONE OF THE CHALLENGES IN TAKING CARE OF
8 COVID-19 PATIENTS AND REALLY PATIENTS WITH LUNG
9 INJURY IN GENERAL IS THAT THEY OFTEN PRESENT REALLY
10 LATE IN THE COURSE WHEN THE INFLAMMATORY PATHWAYS
11 AND INNATE IMMUNE PATHWAYS TO THE VIRUS HAVE ALREADY
12 BEEN ACTIVATED. AND I THINK THAT'S ONE OF THE
13 REASONS THAT, DESPITE 50 YEARS OF RESEARCH INTO LUNG
14 INJURY AND ARDS NOT DUE TO COVID, THE ONLY THERAPIES
15 THAT REMAIN PROVEN ARE THOSE FOCUSED ON PREVENTING
16 THIS SECOND HIT OF INFLAMMATION, WE CALL IT, THAT'S
17 ACTUALLY DUE TO THE MECHANICAL VENTILATOR THAT WE
18 CALL VENTILATOR-INDUCED LUNG INJURY.

19 THE MAJOR ADVANTAGES OF OUR PROPOSAL IN
20 THAT REGARD ARE WE PROPOSE A TREATMENT THAT WILL
21 TARGET THE ORGANS MOST AFFECTED BY
22 VENTILATOR-INDUCED LUNG INJURY. WE ALSO INTEND TO
23 GIVE THIS THERAPY IMMEDIATELY PRIOR TO THE ONSET OF
24 MECHANICAL VENTILATION WHICH WILL ELIMINATE IMPLICIT
25 BIASES FROM CLINICIANS, WHICH IS CRITICAL, AS KAREN

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1 SAID, GIVEN THE RACIAL DISPARITIES THAT EXIST IN
2 COVID-19 INCIDENCE AND OUTCOMES.

3 AND FINALLY, THIS OFFERS THE VERY UNIQUE
4 OPPORTUNITY TO PRETREAT AGAINST THE SECOND
5 INFLAMMATORY INSULT CAUSED BY THE VENTILATOR THAT WE
6 SO SELDOM GET IN THE INTENSIVE CARE UNIT. THIS IS
7 ALSO IMPORTANT BECAUSE 20 TO 25 PERCENT OF PATIENTS
8 HOSPITALIZED WITH COVID-19 REQUIRE MECHANICAL
9 VENTILATION, AND THE MORTALITY OF COVID-19 IN THESE
10 PATIENTS IS 35 TO 50 PERCENT. AND THAT ACCOUNTS FOR
11 ALMOST ALL OF THE COVID-19 MORTALITY. SO OUR
12 BIOLOGIC WOULD BE TARGETING THE SICKEST PATIENTS
13 WHICH HAVE THE POTENTIAL FOR A THERAPY TO MAKE A
14 MAJOR IMPACT.

15 AND THEN FINALLY, I WOULD BACK UP WHAT DR.
16 CHRISTMAN SAYS. SHE HAS A LOT OF EXPERIENCE WORKING
17 WITH THE FDA, AND SHE HAS TESTED THIS EXTRACELLULAR
18 MATRIX TECHNOLOGY IN ANOTHER CLINICAL CONTEXT, WHICH
19 MAKES IT IMMEDIATELY TRANSLATABLE, WHICH I CAN TELL
20 YOU WE NEED.

21 LASTLY, I JUST WANT TO SAY THANK YOU TO
22 THE CIRM FOR BEING PATIENT WITH ME, NO. 1. FOR THIS
23 COVID-19 INITIATIVE, NO. 2 IS I CAN TELL YOU IT'S
24 BEEN DISHEARTENING AS A CLINICIAN TO SEE OUR ICU
25 CASES RISING. AND NOVEL TREATMENTS, I KNOW

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1 FIRSTHAND, ARE NEEDED URGENTLY. SO THANK YOU FOR
2 DOING YOUR PART.

3 DR. STEWARD: THANK YOU. ANY FURTHER
4 PUBLIC COMMENT?

5 DR. DURON: MAY I JUST SAY TO THE DOCTOR
6 THANK YOU FOR DOING HIS PART?

7 CHAIRMAN THOMAS: HERE. HERE.

8 DR. HEPOKOSKI: VERY KIND OF YOU. THANK
9 YOU.

10 DR. STEWARD: OKAY. IF THERE'S NOT ANY
11 OTHER PUBLIC COMMENT, I THINK WE CAN MOVE TO THE
12 VOTE. MARIA, WOULD YOU --

13 MS. BONNEVILLE: ANNE-MARIE DULIEGE.

14 DR. DULIEGE: YES.

15 MS. BONNEVILLE: YSABEL DURON.

16 MS. DURON: YES.

17 MS. BONNEVILLE: DAVID HIGGINS.

18 DR. HIGGINS: YES.

19 MS. BONNEVILLE: STEVE JUELSGAARD.

20 MR. JUELSGAARD: YES.

21 MS. BONNEVILLE: DAVE MARTIN.

22 DR. MARTIN: YES.

23 MS. BONNEVILLE: ADRIANA PADILLA.

24 DR. PADILLA: YES.

25 MS. BONNEVILLE: FRANCISCO PRIETO.

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DR. PRIETO: AYE.

MS. BONNEVILLE: AL ROWLETT.

MR. ROWLETT: YES.

MS. BONNEVILLE: JEFF SHEEHY.

MR. SHEEHY: YES.

MS. BONNEVILLE: OS STEWARD.

DR. STEWARD: YES.

MS. BONNEVILLE: JONATHAN THOMAS.

CHAIRMAN THOMAS: YES.

MS. BONNEVILLE: DIANE WINOKUR.

MS. WINOKUR: YES.

MS. BONNEVILLE: THANK YOU. THE MOTION
CARRIES.

DR. STEWARD: THANK YOU FOR THE
AFFIRMATION FROM SOMEONE'S DOG AS WELL.

JAMES, DO WE NEED A SEPARATE MOTION NOW,
OR WAS THE FUNDING MOTION IMPLICIT IN THE MOTION TO
APPROVE?

MR. HARRISON: NO. YOU HAVE ACTED TO FUND
BOTH OF THE AWARDS AND TO CLOSE OUT THE OTHERS. SO
YOUR BUSINESS IS COMPLETE.

DR. STEWARD: EXCELLENT. OKAY. IN THAT
CASE I WILL PASS THE GAVEL BACK TO CHAIRMAN THOMAS.

DR. STEWARD: THANK YOU VERY MUCH, OS.
YOU HAVE TO BE CAREFUL BECAUSE THE DOGS SIT AND THEY

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1 LOOK AT THE COMPUTER SCREEN, AND THEY'RE VERY GOOD
2 UNTIL THEY SEE YOU UNMUTE, THEN THEY START BARKING.

3 SO WE ARE NOW TO THE PART OF THE AGENDA
4 FOR PUBLIC COMMENT ON ANY TOPICS OF INTEREST. DO WE
5 HAVE ANY PUBLIC COMMENT?

6 MS. BONNEVILLE: NO.

7 CHAIRMAN THOMAS: HEARING NONE, JUST AS A
8 CLOSING COMMENT, THIS CONCLUDES THE BOARD AND THE
9 ARS' TENTH MEETING ON THIS COVID GRANTING ROUND.
10 AND AS WE SAID TO THE GWG ON TUESDAY, I WANTED TO
11 THANK EVERYBODY INVOLVED FOR MAKING THIS HAPPEN.
12 THIS WAS IN MANY SENSES, THOUGH THE AMOUNT WAS
13 SMALLER THAN SOME AWARD SEQUENCES, THIS WAS SORT OF
14 CIRM WRIT LARGE OPERATING AT ITS FINEST WHERE WE HAD
15 A REAL CHALLENGE TO DEAL WITH HERE AND AN EFFORT TO
16 DO OUR PART TOWARDS THE WORLDWIDE EFFORT GOING ON TO
17 FIND SOMETHING TO COMBAT THIS DISEASE. AND
18 EVERYBODY STEPPED UP, THE BOARD FOR MAKING ITSELF
19 AVAILABLE SO MANY TIMES OVER A SHORT PERIOD OF TIME,
20 MARIA FOR PULLING IT ALTOGETHER AND MAKING SURE THAT
21 IT ALL HAPPENED SMOOTHLY AND EFFORTLESSLY, DR.
22 MILLAN AND THE ENTIRE TEAM FOR CONSIDERING HOW THE
23 COVID CHALLENGE COULD BE MET THROUGH OUR FUNDING
24 APPARATUS, DR. SAMBRANO AND THE REVIEW TEAM FOR
25 PULLING INITIALLY THE CONCEPT PLAN AMENDMENTS

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1 TOGETHER IN EXTREMELY SHORT ORDER AT THE OUTSET, AND
2 FOR NINE SUCCESSIVE MEETINGS TO PULL TOGETHER
3 PRESENTATIONS, PULL TOGETHER COORDINATING THE GWG,
4 AND LAST, BUT NOT LEAST, TO TRICIA, WHO IS PART OF
5 THAT, AND TO DOUG FOR HELPING MAKING ALL THIS
6 HAPPEN. SO THANK YOU ALL. THIS --

7 MS. BONNEVILLE: YSABEL HAS HER HAND
8 RAISED, I THINK, ON PURPOSE, CORRECT?

9 DR. DURON: J.T. WAS ON A ROLE. BUT I DID
10 WANT TO ADD TO THAT EFFUSION. I JUST WANT TO THANK
11 THE BOARD AND EVERYBODY INVOLVED IN BEING SO NIMBLE
12 AND RESPONSIVE TO WHAT I THINK IS ONE OF THE
13 IMPORTANT AIMS THAT WE INCLUDED IN THAT LIST TO
14 RECOGNIZE THE NEED TO VERY STRONGLY STATE THAT
15 RESEARCHERS INCLUDE IN THEIR PROPOSALS AND IN THEIR
16 STUDIES AND IN ALL MANNER OF RESEARCH THE INCLUSION
17 OF PROPORTIONATE NUMBER OF RACIAL AND ETHNIC
18 MINORITIES AND THE UNDERSERVED.

19 I THINK WE HAVE SET A MODEL FOR OTHERS. I
20 THINK AND I LOOK FORWARD TO US CONTINUING TO DO
21 THIS, TO LEAD ON THIS INTO BEYOND. AND I THANK
22 EVERYBODY FOR REALLY GETTING BEHIND THIS. I REALLY
23 APPRECIATED TO SEE EVERYBODY RECOGNIZE THAT THIS WAS
24 A VERY CRUCIAL ELEMENT IN OUR FUNDING. THANK YOU.

25 CHAIRMAN THOMAS: THANK YOU. AND THANK

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1 YOU FOR YOUR LEADERSHIP IN RAISING THAT ISSUE WHICH
2 WAS EXTREMELY IMPORTANT AND I THINK SETS THE TONE
3 GOING FORWARD AS YOU INTENDED AND AS THE BOARD HAS
4 JOINED YOU IN.

5 SO WITH THAT, I JUST WOULD LIKE TO END TO
6 THANK MR. ROWLETT FOR THE CONGRATULATORY TEXT FOR
7 THE DODGERS TAKING THE GIANTS IN LAST NIGHT'S
8 OPENER. THAT MUST HAVE BEEN SOMEBODY ELSE.

9 MR. ROWLETT: SO MOVED THE CHAIR IS NOT
10 LUCID RIGHT NOW.

11 DR. PRIETO: IT WASN'T ME EITHER.

12 CHAIRMAN THOMAS: MAYBE IT WAS GIL.

13 THANK YOU, EVERYBODY. WITH THAT, WE STAND
14 ADJOURNED. AND, GIL, ONE LAST QUESTION. WHEN
15 SHOULD WE EXPECT THE NEXT CONVENING OF THE
16 APPLICATION REVIEW SUBCOMMITTEE, WHICH AT THAT POINT
17 WILL BE CONSIDERING RECOMMENDATIONS FROM THE GWG FOR
18 CLINICAL GRANTS FURTHER TO THE NEXT ROUND THAT WE
19 WILL BE CONSIDERING?

20 DR. SAMBRANO: SO IT DEPENDS ON WHEN
21 APPLICATIONS COME IN. WE NOW HAVE THE CLIN2 AND
22 DISC2 BROADER PROGRAMS OPEN. AND THE FIRST DEADLINE
23 FOR CLIN2 IS AT THE END OF THIS MONTH. SO THERE IS
24 THE POSSIBILITY THAT THAT WOULD TRANSLATE TO A
25 REVIEW IN SEPTEMBER AND ARS IN OCTOBER.

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1 CHAIRMAN THOMAS: OKAY. SOUNDS FUNNY.
2 WE'RE USED TO THESE THINGS LIKE EVERY OTHER DAY NOW.

3 DR. SAMBRANO: THAT'S RIGHT. SUDDENLY IT
4 SEEMS LIKE A LONG TIME.

5 CHAIRMAN THOMAS: THANKS AGAIN,
6 EVERYBODY. STAY SAFE AND HEALTHY. AND WITH THAT,
7 WE ARE ADJOURNED.

8 (THE MEETING WAS THEN CONCLUDED AT
9 4:50 P.M.)

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REPORTER'S CERTIFICATE

I, BETH C. DRAIN, A CERTIFIED SHORTHAND REPORTER IN AND FOR THE STATE OF CALIFORNIA, HEREBY CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE ZOOM PROCEEDINGS BEFORE THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE AND THE APPLICATION REVIEW SUBCOMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS EMERGENCY MEETING HELD ON JULY 24, 2020, WAS HELD AS HEREIN APPEARS AND THAT THIS IS THE ORIGINAL TRANSCRIPT THEREOF AND THAT THE STATEMENTS THAT APPEAR IN THIS TRANSCRIPT WERE REPORTED STENOGRAPHICALLY BY ME AND TRANSCRIBED BY ME. I ALSO CERTIFY THAT THIS TRANSCRIPT IS A TRUE AND ACCURATE RECORD OF THE PROCEEDING.

BETH C. DRAIN, CSR 7152
133 HENNA COURT
SANDPOINT, IDAHO
(208) 255-5453